

The role of alcohol in forging and maintaining friendships amongst Scottish men in midlife

Emslie, Carol; Hunt, Kate; Lyons, Antonia

Published in:
Health Psychology

DOI:
[10.1037/a0029874](https://doi.org/10.1037/a0029874)

Publication date:
2013

Document Version
Author accepted manuscript

[Link to publication in ResearchOnline](#)

Citation for published version (Harvard):
Emslie, C, Hunt, K & Lyons, A 2013, 'The role of alcohol in forging and maintaining friendships amongst Scottish men in midlife', *Health Psychology*, vol. 32, no. 1, pp. 33-41. <https://doi.org/10.1037/a0029874>

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please view our takedown policy at <https://edshare.gcu.ac.uk/id/eprint/5179> for details of how to contact us.

In press. Health Psychology: special issue on men's health.

Final peer-reviewed manuscript

Copyright APA

<http://www.apa.org/pubs/journals/hea/index.aspx>

“This article may not exactly replicate the final version published in the APA journal. It is not the copy of record”.

Manuscript: 2011-0934-RRR

**The role of alcohol in forging and maintaining friendships
amongst Scottish men in mid-life**

Carol Emslie¹ (corresponding author), Kate Hunt² and Antonia Lyons³

1 MRC/CSO Social & Public Health Sciences Unit, Glasgow, UK

2 MRC/CSO Social & Public Health Sciences Unit, Glasgow, UK

3 School of Psychology, Massey University, New Zealand

Address for correspondence:

Carol Emslie

Institute for Applied Health Research, School of Health & Life Sciences

Level 3 Buchanan House

Glasgow Caledonian University

Cowcaddens Road,

Glasgow G4 0BA

Tel: 0141 273 1215

E-mail: carol.emslie@gcu.ac.uk

ABSTRACT

Objective: Men drink more heavily and are more likely to die from alcohol-related causes than women. Most alcohol research focuses on young drinkers. We describe the context of men's drinking in mid-life and explore how alcohol is associated with the construction of masculinities.

Methods: Qualitative research was used to examine the social context of drinking alcohol. We conducted 15 focus groups (single and mixed sex) with respondents in the west of Scotland, UK. Here, we focus on the findings from 22 men aged 28 to 52 years.

Results: Men regarded drinking pints of beer in the pub together as an 'act of friendship' and this functioned as a hegemonically appropriate way to communicate with, and support, each other. However, male friends also constructed some non-hegemonic behaviours as forgivable - and indeed acceptable - while drinking alcohol together. This included practices such as the explicit discussion of emotions and mental health and the consumption of 'feminine' drinks under certain circumstances (e.g. in private with close friends).

Conclusions: This exploration of drinking reveals the fluidity of gender constructions - and the strategic ways in which men take up positions around hegemonic masculinity – in midlife. The close interweaving of drinking pints in the pub with notions of male friendship could lead to both health damaging (excessive drinking) and potentially health promoting (social support) behaviours. Health promotion experts need to be sensitive to cultural constructions of gender to address the high rates of drinking in this age-group.

KEYWORDS: alcohol, gender, men's health; health behaviours, masculinities

The public consumption of excessive amounts of alcohol has historically been linked to ‘masculinity’ in Western culture (Campbell, 2000), and men continue to drink more heavily, and are more likely to die from alcohol-related causes, than women (Emslie, Lewars, Batty, & Hunt, 2009; Emslie & Mitchell, 2009; Wilsnack, Vogeltanz, Wilsnack, & Harris, 2000), accounting for a substantial part of gender differences in life expectancy (McCartney, Leyland, Mahmood, Batty, & Hunt, 2011). Heavy drinking (particularly drinking to intoxication in a short space of time and repeated heavy episodic drinking) is associated with a range of short and long term health problems (Rehn, Room, & Edwards, 2001). Research, policy and media attention has tended to focus on the deliberate, hedonistic pursuit of intoxication (‘extreme drinking’) among young people in the night-time economy (Martinic & Measham, 2008). However, consumption and mortality figures suggest the need for more research in older age groups. For example, in the United Kingdom (UK) in 2009, a higher proportion of 25 to 44 year old than 16 to 24 year old men reported drinking over the Royal College of Physicians’ (1987) recommended weekly limit of 21 units of alcohol (26% and 21% respectively (ONS, 2011a)), and between 1991 and 2009 alcohol-related death rates for men aged 35 to 54 years doubled from 13.4 to 29.1 per 100,000 population (ONS, 2011b). Thus, the current perception that young people and women are most at ‘risk’ from alcohol has obscured the experiences of groups such as middle-aged men (Berridge, Thom, & Herring, 2007).

Alcohol is an important resource which men (and women) use to (re)construct a range of gendered identities (Lyons, 2009). Over the last two decades, many theorists have rejected the notion of ‘masculinity’ as a static attribute and instead recognised a constantly changing “multiplicity of masculinities . . . inhabited and enacted variously by different people and by the same people at different times” (Paechter, 2003, p.69). Connell’s (1995, 1996) influential

model of multiple masculinities contrasts the hegemonic (currently culturally authoritative) pattern of masculinity with other less powerful configurations of gender practice (i.e. all forms of femininity as well as complicit, marginalised and subordinated masculinities). While relatively few men fully embody hegemonic masculinity, most men benefit from the subordination of women and many are 'complicit' in sustaining it. Ethnicity and class intersect with gender to create marginalized masculinities; for example, some working-class men respond to their powerlessness with exaggerated 'hyper-masculine' behaviour (e.g. risk-taking behaviours such as excessive drinking) as a way of 'saving face'. Among men in contemporary western society, it has been argued that the most important example of cultural dominance and subordination is that between heterosexual and gay men (Connell, 1995). In hegemonic constructions of masculinity, gay men are positioned at the bottom of the male gender hierarchy and homophobic insults can police the behaviour of heterosexual as well as gay men. "Gayness, in patriarchal ideology, is the repository of whatever is symbolically expelled from hegemonic masculinity, the items ranging from fastidious taste in home decoration to receptive anal pleasure. Hence...gayness is easily assimilated to femininity" (Connell, 1995, p.78). Men often seek to align themselves with powerful configurations of gender practice through the rejection of anything which is constructed as feminine. Connell's model has been criticised for undertheorising femininities and for creating a rigid typology which simply describes the practices of different groups of men (Schippers, 2007). While Connell and colleagues (2005) accept the first criticism, they argue that particular masculinities do not refer to different types of men but are configurations of practice that take place through social interaction; indeed, ambiguity and fluidity are key mechanisms of hegemony.

Current constructions of hegemonic masculinity emphasise strength, invulnerability, competitiveness and control; thus consuming large amounts of alcohol without apparent consequence is one way that men ‘do’ gender (Courtenay, 2000; West & Zimmerman, 1987). In the United States (US), Lemle and Mishkind (1989) argue that, when drinking with men in public places, “ordering, being offered, consuming, and sharing alcohol elevate the user’s manliness” and that to ‘drink like a man’ it is important to: ‘take it straight’ (not dilute alcohol), ‘not sweeten the taste’ (as sweet drinks are associated with femininity), ‘prefer beer and hard liquor’, ‘drink without hesitation’ and ‘hold’ one’s drink (drink excessively but still appear in control; p.214-215). More recent qualitative work has found that many of these social practices remain salient for constructions of hegemonic masculinity in the UK, New Zealand and Australia (Campbell, 2000; de Visser & Smith, 2007; Harnett, Thom, Herring, & Kelly, 2000; Mullen, Watson, Swift, & Black, 2007; Tilki, 2006; Willott & Lyons, in press), alongside hyper-masculine drinking talk about drinking which denigrates women and men positioned as being insufficiently ‘manly’ (de Visser & Smith, 2007; Gough & Edwards, 1998; Peralta, 2007).

Other research points to more flexible gendered social practices around drinking. In the UK, New Zealand and other parts of the Western world, pints of beer remain the preferred choice for men’s pub(lic) drinking (Harnett, et al., 2000; Robertson, 2007). However, some men construct their identities in opposition to the image of the ‘typical’ excessive beer drinker, instead focusing on individuality and rationality (de Visser & Smith, 2007) or portraying themselves as moderate wine drinkers (Willott & Lyons, in press). In addition, Peralta (2008) has described how young men use alcohol to excuse non-hegemonic behaviour such as expressing emotion, meaningful conversations and having sex with ‘inappropriate’ partners,

arguing that bars represent “locations where the boundaries of gender are redrawn, recreated, and reinvented because of the time-out period afforded by alcohol use” (p.392).

The changing social context of drinking is also important. Studies have highlighted young men’s growing preference for drinking in mixed sex groups in more ‘feminised’ drinking locations – perhaps not surprising given the diversification of licensed premises from traditional working men’s pubs to modern café bars and themed pubs in recent years - and the ways in which different brands of alcohol are marketed to consumers according to the versions of ‘masculinity’ portrayed (Forsyth, Galloway, & Shewan, 2007; Measham & Brain, 2005; Mullen, et al., 2007). For example, the beer producer Carling draws on popular images of male friendship to sell their products and “celebrates, initiates and promotes the togetherness of the pack, their passions and their pint” through sponsoring football, music and “everything else that brings the lads together” (Hastings, 2010, p.24).

Very little qualitative research has studied the meanings of drinking for men in mid-life. Robertson’s (2007) UK study of men aged 25 to 40 years found that friendship with other men was often synonymous with an ‘escape’ into the masculine space of the pub and the associated ‘release’ from daily pressures. Drinking with close friends provided an opportunity to unburden by talking through - and/or forgetting about - problems. Tilki (2006) found that middle-aged Irish men in London used alcohol as a form of ‘release’ to cope with social alienation, and described the role of the pub as a refuge and a source of pleasure, social support and job opportunities. In addition, she showed how the notion of reciprocity - buying and accepting ‘rounds’ of drinks – often resulted in excessive drinking.

Our study uses a qualitative approach to explore how men in mid-life represent their alcohol consumption and how cultural constructions of gender influence drinking in the west of Scotland, UK. We have previously reported how these men (and women of similar ages) initially constructed themselves as experienced drinkers who placed their family and work responsibilities at the centre of their drinking practices. However, further analysis showed that this careful self-presentation as ‘older and wiser’ drinkers was undermined by descriptions of drunken exploits and peer pressure to drink which included questioning the ‘masculinity’ of men who failed to drink appropriately (e.g. drinking half pints of beer or soft drinks in the pub: Emslie, Hunt, & Lyons, in press). Here, we focus solely on the male respondents to explore how alcohol is associated with ‘doing’ masculinity in mid-life.

Methods

We conducted a qualitative study, the DrAM (Drinking Attitudes in Midlife) study, to explore the social context of drinking in mid-life (defined here as 30 to 50 years). Qualitative research enables insight into people’s (often contradictory) meanings and experiences and also highlights relevant social processes (Chamberlain & Murray, 2008). We conducted focus groups with people who already knew each other and so could draw on shared experiences in the research setting (Kitzinger, 1994). Previous work exploring young people’s perceptions of alcohol has used these methods successfully (Lyons & Willott, 2008).

Following approval from Glasgow University’s Faculty of Law, Business & Social Sciences Ethics Committee, we approached potential respondents judged to be between 30 and 50 years in pubs and on the street and gave out flyers about the study; sent email invitations asking people to forward study information to friends and colleagues; approached community groups and workplaces, and advertised on community websites. All of these approaches

yielded respondents, but the email invitations, community groups and websites proved most successful. Once an individual expressed interest, s/he was asked to invite up to five friends or colleagues in the same age-group who 'regularly' drank alcohol to take part with them in a focus group. We also recruited one group of non-drinkers to gain a different perspective on the cultural context of alcohol. Food and non-alcoholic refreshments were provided during the discussion. One researcher (CE) facilitated the groups which lasted between 60 and 95 minutes. After an explanation of the study and assurances about confidentiality, respondents were asked to give written informed consent and permission for discussions to be recorded. The topic guide included changes in drinking over time, occasions when respondents had drunk more than they intended, reasons for any attempts to reduce drinking and any distinctions they drew between men's and women's drinking. Respondents were given £20 gift vouchers towards any costs of taking part in the study.

Between 2009 and 2011, we conducted 15 focus groups. In this paper we present data from the nine focus groups in which 22 men who drank 'regularly' participated (thus excluding data from five all-female groups and one group of non-drinkers: see table 1). We were interested in how men talked – in the presence of friends or colleagues - about their alcohol consumption in both all-male and mixed sex groups. We recognize that elements of the facilitator's identity (e.g. female, similar age to the respondents, white, Scottish) may have influenced the dynamics of the group (Richards & Emslie, 2000). For example, being female may have allowed some men to speak more freely about concerns about their drinking behavior than if a male interviewer was present, due to strong links between alcohol consumption and upholding traditional masculinity. Conversely, the presence of a female interviewer may have constrained some of the talk and language employed when male respondents retold stories of heavy drinking sessions.

Just before the discussions began, respondents completed a drinking grid which enabled us to estimate the number of units consumed in the previous week; each unit represents 8 grams of pure alcohol. Of the 22 male respondents, six reported drinking within the recommended weekly limit (21 units or fewer), 12 could be classed as ‘hazardous’ drinkers (22-50 units) and four as ‘harmful’ drinkers (over 50 units) (Department of Health, 2007; Royal College of Psychiatrists, 2001). The men were aged 28 to 52 years (mean = 39.6 years). All were white and lived in the west of Scotland. Men’s residential addresses suggested that they came from diverse socio-economic backgrounds; four men lived in affluent areas (Deprivation Category [DepCat] 1 or 2), 11 in deprived areas (DepCat 6 or 7) and the remainder in intermediate areas (DepCat 3 to 5) (Carstairs & Morris, 1991). Fourteen men had a partner and half (11 men) were parents, although only five had children under 18 years living with them on a day-to-day basis.

Table 1 here

This inductive study emphasised exploration and theory building. The discussions were transcribed verbatim and checked against the recordings for accuracy. Names were replaced with pseudonyms and identifying features were changed or removed. Detailed fieldnotes were written soon after each focus group and shared with the research team; these informed subsequent readings during the analytic process. Transcripts were read repeatedly and discussed between the authors. Our analysis was informed by a social constructionist epistemology, which views the world as having multiple systems of understanding that occur through social and cultural experiences, which in turn are largely influenced by language (Burr, 2003; Gergen, 1999). Language is viewed as active and constructive, as shared social meanings arise primarily through language (Gergen, 1999).

We used thematic analysis which is a method for “identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p.79). It is a flexible approach which can provide rich, detailed and complex accounts informed by theoretical frameworks.

Themes, sub-themes, and relationships between themes were tentatively suggested, discussed, confirmed, discarded or reformulated with reference to the transcripts in a cyclical process, facilitated by the software package QSR Nvivo. The independent identification of similar themes and patterns in the transcripts by the authors reassured us of the robust and credible nature of our analytic processes.

Findings

Overview

Before exploring some more unexpected practices of masculinity associated with drinking, we summarise the more predictable ways in which men performed gender through talking about alcohol. Hegemonic masculinity was firmly aligned with drinking pints of beer in the pub.

Drinks such as shots, alcopops, rosé wine and cocktails were mocked because of their perceived associations with youth, femininity or less powerful configurations of masculinity.

There was some contradiction between the valorisation of beer as a working (class) man’s drink (drawing on historical images of manual workers in the industrial west of Scotland) and the scorn directed at supermarket ciders and strong beers associated with the unemployed and / or working-class youth. For example, unemployed men constructed their current position (drinking strong, cheap cider or beer at home) as stigmatized, and contrasted this with the satisfaction they felt when they were working and able to afford to drink the leading Scottish brand of beer in the pub (FG13: “When I’m unemployed it’s the cheapest cider. When I’ve got a job - so much pride in being able to buy Tennents!”). Thus men’s discussions demonstrated a shared sense of which types of drinks were most appropriate for the

(perceived) gender, class, sexuality and lifecourse position of the consumer. These emergent themes are discussed below.

However, beyond these expected portrayals of what was appropriate and inappropriate for men to be seen to be drinking, two powerful themes emerged. First, the importance of alcohol in forging, enacting and maintaining male friendships was apparent in men's accounts, particularly through the act of buying and drinking pints together in the pub. Secondly, drinking with friends allowed men to 'turn a blind eye' to certain non-hegemonic practices, such as consuming 'non-masculine' drinks and discussing experiences of mental distress.

Drinking pints and buying rounds: the role of alcohol in forging and maintaining friendships among men in mid-life

Drinking pints of beer together in the pub was constructed by these men as an integral part of making and maintaining male friendships in mid-life. Men drew on familiar refrains to emphasize the anticipation ('bursting to get out with your mates': FG2) and camaraderie ('one for all and all for one': FG13) which characterised their nights out. The men's talk constantly reiterated the notion that their male relationships were usually formed and sustained with the assistance of alcohol.

Within the groups, drinking was constructed as a social activity; one group of men originally met in the local pub (FG2), friends and work colleagues talked about socialising in the pub (FG1, FG3, FG5, FG6, FG10, FG11, FG13) and a group of school friends (FG14) emphasised how their shared drinking history bound them together. The pervasiveness of alcohol in the local (male) culture was also apparent when respondents noted the limited opportunities for socialising without alcohol: 'we all drink to socialize. If you don't go to the pub, you'd never

see anyone' (FG2). Indeed, when alternative suggestions for male socialising were raised (e.g. going out for dinner or coffee together in the evening), they were greeted with humour and laughter (reinforcing the strangeness of such notions) or derided by associating such behaviour with women or gay men in both all-male and mixed-sex focus groups. For example, Callum firmly located men and women in separate spaces (pubs versus home, cafes or shops) with distinct social abilities (women as 'naturally' sociable; men as unwilling to 'open up' in social situations), thereby constructing alcohol as a necessary lubricant for social interaction between men:-

CALLUM: Women don't tend to, say, go down the pub to meet their mates (...)they'll go for a coffee or they'll go shopping (...)I think men are far more likely to drink, you know, a few nights a week down the pub, just go for a few pints (...).

FINN: Yeah I think it's weird if someone says "come for a coffee or a tea".

CALLUM: Men don't really like to open up or chat as easily, so they need a couple of pints to try and kind of get them oiled up (...)Women I think are more naturally kind of gregarious and bubbly and sociable, so they don't really need to be drunk. (later) You know if we (to Finn) didn't go out socializing, probably get drunk together we probably wouldn't know each other, or have any kind of friendship which is a hard thing to say. But I think, especially for men, that's the way you get to know someone, you go out and you get drunk with them, and then you decide whether you get on or not. (FG13)

In a similar manner, Michael (from an Italian/Scottish background) and Grace jointly constructed the unacceptability of men going for coffee together instead of drinking at the pub:-

MICHAEL: I've got friends who used to drink quite heavy who don't drink now and I don't see them so much. You know? That was the social reason for meeting them (...)You wouldn't say to these guys, "Go for a coffee", or like I'd say to you (Grace).

GRACE: It's different – girls can meet up for a coffee.

MICHAEL: That's a good point, cause as I say, keep on harping back to this sorta you know, from my background, as I say. I've still got Italian friends who wouldn't think twice about going for a coffee and my dad used to. But if I said to guys, "You wanna go for a (coffee)," they'd be like-

¹ We use the following conventions when presenting qualitative data: (...) indicates some words from the transcript which have been deliberately omitted, while underling words indicates additional emphasis

GRACE: They'd be thinking you, oh, are you in this culture? Uh huh. Oooooh

MICHAEL: One thing with the other guys in my social circle, they thought you were, they said, "Are you gay?"

GRACE: That's a difficult thing to say to a man. (FG5)

Thus, going out drinking together was widely constructed as the 'natural' way for men to socialize and to enact their ties of (male) friendship; other acts of consumption were treated with suspicion and associated with the behavior of women or gay men (and so aligned with femininity). Within this social context, any other proposed ways for men to socialize or 'open up' with other men required elaboration, comment or humour.

Buying 'rounds' - where each man in turn bought drinks (usually pints of beer) for the group – was constructed as an essential part of pub etiquette ('the male equivalent of a friendship bracelet': FG13) which sometimes led to excessive drinking due to the pressure to keep up with the fastest drinker and the difficulty of refusing a drink from someone who had been included in one's round. This practice was a source of pride for men which reinforced the representation of drinking as a specific act of friendship. For example, men in FG2 commented on a friend's experiences in Berlin where men drank coffee in bars by stating 'nobody buys their round – the greatest crime against humanity!' and Hugh and Ewan linked buying rounds to friendship, culture and social norms among men of their age in Scotland. Men's relationships with other men were represented as potentially troubling and difficult and the act of buying a pint – or being bought a pint – helped to 'get round' this 'awkwardness':-

HUGH: There is a kind of, you know, sort of "a man's a man for a' that" and "your brother's your brother". You know there is that kind of- I mean it's probably not as strong as it used to be but, there is a kind of communal outlook. And, it's probably been eroded away in a lot of ways. And I don't know if that'll be the same for, you know, younger generations. But, I think for guys our age (...) there is still that kind of, you're in a group, you stand your round, and you would always look to offer, I mean I can't think of anything worse than just coming in all the time and you just buy your own wee drink and- it's a kind of act of friendship isn't it, saying, "do you want a pint?" You know, it's a human thing, it's a sociable thing, you know. There's all these kind of social mores here, you know

EWAN: (...) It's an olive branch (...). a social exchange that sends, you know, sends a sign - "I think you're OK". And of course men the world over, certainly men in the industrial west of Scotland, aren't going to start hugging each other and saying, "let's do a latte". But "do you want a drink"? "Aye OK". And of course the deal is, I'll buy you one back and there becomes a certain sense of comfort there. It gets round the sort of awkwardness you might have in the sort of, male to male relationships. (FG2)

The jokes and insults ('banter', 'craic', 'slagging') involved in many male drinking sessions were frequently re-enacted in the interview context, particularly in the all-male groups. In the excerpt below, Fergus described the 'abuse' he received after buying a non-alcoholic drink while watching football in the pub. Failing to be seen to be drinking like a man was represented as evidence of something being 'wrong' which was then associated with being gay or having no money; both appear as reflections of compromised masculinity. Ethnicity, religion, and class position were also used as material for insults. The men's apparent enjoyment of this verbal sparring reflects findings that men express intimacy covertly through humour (OliFFE & Thorne, 2007):-

FERGUS: (...) sometimes I come into the pub if Celtic's playing about 12.30 kick off, maybe they're all in the company and I'm just like, ach, it's too early, I don't want a drink yet. I'm in for the craic. And the game.

INTERVIEWER: Yeah. And what would you do then?

FERGUS: Yeah you walk over with a glass of coke and it's just-

EWAN: Oh abuse!

FERGUS: Oh, here comes the gay boy, do you know what I mean? (laughs). And I'm like, what's wrong with you then? Oh God if you walk over with half a pint of beer, what's wrong with you, are you skint? You know. But I can take it!

Turning a 'blind eye': how drinking with friends provides space for non-hegemonic behaviour among men

Our findings unexpectedly demonstrated that men jointly constructed their drinking and friendships as facilitating some non-hegemonic practices, such as consuming ‘non-masculine’ drinks and openly discussing emotions and mental health. We examine each of these in turn.

Whilst respondents constructed drinking pints of beer in pubs as the ‘proper’ way of drinking as men, they also discussed drinking wine at home or in restaurants. In two all-male groups (FG2 & FG14), there was a performative aspect associated with knowledge about wine and malt whisky. For example, men in FG2 seized the opportunity to display their knowledge of fine wines (and to position themselves as ‘accomplished individuals’ in the social hierarchy through this demonstration of taste and discernment (Bourdieu, 1984)) when asked about their favourite drink:-

GRAHAM: Nice bottle of Chablis?

EWAN: I think the Chab- no I think, Pouilly- Fumé really.

HUGH: Very good choice. (FG2)

While these men simply stated that their favourite drink was wine, and clearly shared an appreciation of it as a desirable type of alcohol, men in other groups performed discursive work to justify this. For example, Bill (FG3) stated that red wine was his favourite drink but was careful to reject ‘sweet and sickly’ drinks because ‘as a male you’d rather project yourself as rather more simple than fancy - It’s a pint and shut up!’ while Michael (FG5) was keen to stress that he could drink wine but that some men found it too strong. A few men, in both single and mixed-sex groups, suggested they would drink brightly coloured ‘feminine’ drinks in exceptional circumstances (e.g. Christmas night out, on holiday or as a ‘wee treat’ at the end of the night). For example, Gavin (FG14) – when prompted by his friend Luke – admitted that he frequently drank rosé wine but only with friends in private. All of the other men in Luke’s group stated that they preferred to drink wine or malt whisky, but usually

drank beer in the pub. Luke drew on his knowledge of different wines in the discussion but stated that he would ‘feel a bit poncy’ (i.e. effeminate or ostentatious) drinking wine in some pubs. Thus, men are constantly weighing up which drinks are appropriate in different settings in order to sustain their masculine identity. These tensions are illustrated by Gavin and Luke’s interchange:-

GAVIN: I drink wine but only behind closed doors. Not in public.

LUKE: (Laughing) He drinks rosé wine!

GAVIN: I drink rosé wine, that’s true! (...)And I could handle it, I mean, behind closed doors in the company of close friends, but not if I’m out in the pub, no. Don’t advertise it!

INTERVIEWER: What sort of things do people say?

GAVIN: It’s just associated with being a girl, sort of thing, and then it’s attacks on my masculinity. It just gets out of hand. I prefer to kind of keep that to a minimum. (FG14)

The other way in which men discussed the licence which alcohol gave them to behave in more ‘feminine’ ways was when they talked about how drinking could enable the expression of emotion (FG5: ‘drink (causes) an explosion of emotion - it brings character more to the surface’). Different drinks were associated with different emotions (e.g. spirits were linked with aggression, gin with depression, beer with relaxation). Gerry drew on his experience as a paramedic to reflect on how men and women expressed emotion differently after consuming large quantities of alcohol, but he constructed these different manifestations as stemming from ‘the same feeling inside’:-

GERRY: Emotions are coming out the same, it just gets portrayed in different ways(...) The stereotypical emotion of a man is to be angry and want a fight and (...) go down that road because they won’t want to cry in public. Not that they don’t feel like crying(...) it’s all the same feeling inside. (FG3)

Mental health issues were raised spontaneously by men in a number of focus groups (both single and mixed sex); such discussions were never introduced by the facilitator. Respondents

were aware that alcohol is a depressant and its after-effects were referred to colloquially as ‘session depression’ (FG13) and ‘the Sunday Blues’ (FG10). Jeff discussed his own mental health problems and presented them as exacerbated by alcohol, while Matt described a ‘really guilty horrible feeling’ after drinking heavily into the early hours of the morning:-

JEFF: If you’ve got a mental health problem sometimes the alcohol actually brings the emotions out even more. Even regards, if you’re feeling kind of low at the time when you’re on the drink, you can actually bring the mood right out, and I think that’s when a lot of accidents do happen with regards to suicide and all that. Because it brings these thoughts out to the fore, and I know that through my own experience so, and it’s a horrible feeling. (FG6)

MATT: If I’ve been out drinking Friday, Saturday, and done nothing with my day apart from either sit in a pub or sit and have a beer, then I just feel bad on a Sunday, you know, I feel as if a) I should have done more, guilty for having drunk so much alcohol, knowing that it’s not good for me. And I don’t know, it must be some chemical in alcohol – it’s a depressant, isn’t it - so it has that impact on me. (FG10)

While men raised these negative emotional effects, alcohol was also constructed as having positive effects on mental health. Drinking, laughing and joking with friends were portrayed as ‘uplifting’ and regular drinking was often equated with a health-promoting ‘controlled release’ (Szmigin et al., 2008). For example, Bill (FG3) suggested that it was good for people who did not usually ‘open up’ to do so under the influence of alcohol and that a failure to do this could mean they would ‘unravel in a big way’. Men noted the poor mental health of men compared to women, particularly in relation to suicide, and constructed the combination of alcohol and friendship as an important corrective, perhaps implicitly recognising the loss of closeness, intimacy and trust in male friendships in adult life that others have identified as being detrimental to men’s mental health (Way, 2011). Callum’s constructions of uncommunicative men (as opposed to talkative women – see earlier excerpt) justified men’s need for alcohol as an social ‘lubricant’; indeed, he took this further to construct the enactment of male friendship via drinking as a “huge benefit” for mental health:-

CALLUM: If you go out with your mates, have a few drinks, it's great for your mental health. You don't feel lonely, you don't feel sad or depressed, it always cheers you up, you know. So I'd say that that's a huge benefit (...)I don't think men can express themselves as well as women. So I think yeah- a lot of time men need- especially young men, I know what the statistic rates are like for men committing suicide in the UK is pretty high, men I think need other people around them. You need your mates, as I said, to keep you sane (FG13)

Ewan (FG2) also constructed drinking with male friends (in the pub) as necessary for men's mental health. He listed 'social contacts' as essential for physical and mental wellbeing, after food and water, and used a number of tactics, including statistics and personal experience, to argue this point. At the same time, however, he positioned himself as being aware of the problems associated with alcohol and drinking, but worked to minimise these in contrast to the benefits to mental health:-

EWAN: And men without women are very vulnerable, and without those social contacts, which are probably after food and water the most vital things that, as you know, which promote and maintain mental health, and which of course affects physical health. And without that, you know, we are in serious trouble, really serious trouble. All the statistics say so. And you know, empirically in your own- I mean you know anyway anecdotally in your own life so, it's a- it's not just a defence, it's a, to me a vital part of your life and, okay the alcohol thing is part of it, and that obviously has its own problems. But I'm- as you can tell entirely non-apologetic about it. It's- as we were saying earlier, we've got a friend who's gone missing, and we know the best thing for him is to get him out, you know. I've been offering him work to try and get him out, cause we were worried it was money or whatever it is. And we instinctively know his mental health can't be right. So it's a very important issue and if it's surrounded by drink there's a problem there, but it's an import- more than a support mechanism, it's a- to me it's a critical and normal and natural and welcoming and positive part of life.

HUGH (later): And I think Ewan's right(...)drinking with these guys over the years has probably saved my mental health on numerous occasions.

GRAHAM: You're right because loneliness can be a terrible thing. (FG2)

Thus, in these contexts, meeting to drink alcohol together was presented as an acceptable and unthreatening way for male respondents to demonstrate their concern for other men, and justified as a way of promoting connectedness and better mental health.

Discussion

Our study found that men in mid-life constructed the shared consumption of alcohol as an integral part of creating and maintaining male friendships. Drinking with friends was constructed – and indeed justified – as helping men talk to each other, providing social support and improving mood. While drinking pints in the pub was represented as a normal and necessary way for men to ‘do’ masculine friendship, women (who were constructed as ‘naturally’ sociable) were thought to effortlessly achieve this in an array of other spaces (e.g. cafes, at home). Our data therefore suggest that one hegemonically appropriate way for men to ‘do’ emotional labour (James, 1989) is by inviting a friend – particularly one having problems – to the pub. The powerful emotional appeal of constructing buying a pint of beer for a mate as an ‘act of friendship’ comes from the fusing of action with emotion. As Robertson (2007) argues, “the emotional / instrumental gender divide (that situates men with the latter) is not sustainable and fails to recognize the role of practical action as actually constitutive of emotional intimacy for men” (p.114).

While some of the practices our respondents discussed (e.g. ‘banter’ which functioned to exclude and subordinate women and gay men) (re)construct and reinforce hegemonic masculinity, other practices (e.g. explicit discussions about mental health, showing concern for other men, the consumption of ‘feminine’ drinks) are seldom associated with dominant understandings of masculinity. We would argue that the construction of drinking as ‘an act of friendship’ is the key to understanding these apparent contradictions. We suggest that the construction of a ‘good’ male friend as one who can ‘turn a blind eye’ to inappropriate behaviour when drinking creates a space where men can temporarily relax some of the restrictions around appropriate gender performances. This builds on Peralta’s (2008) work with US students, suggesting that the ‘alcohol excuse’ extends to non-hegemonic practices

among men in mid-life in the west of Scotland, albeit within constraints (i.e. only with ‘close friends’ or ‘behind closed doors’). Our study thus supports Peralta’s (2008) conclusion that “the use of alcohol aids not only in the doing of masculinity, but also excuses gender performances not in accordance with proscribed gender practices” (p.391).

Our findings shed new light on debates about gender and health-related practices. The men in our study strategically mobilised dominant discourses around masculinity (e.g. dismissing moderate drinkers as ‘gay’) to justify their frequent and sometimes excessive drinking. At the same time, in contrast to the hegemonic view that men should be ‘strong and silent’ about emotional distress, we found that some men skilfully deployed their knowledge of gender differences in mental health to justify drinking in the pub with male friends as an important component of safeguarding their psychological wellbeing. While they positioned themselves as being aware of the consequences of (excessive) drinking, the risks to physical health were downplayed in favour of the positive effects on mental health. Alcohol was constructed as not only providing men with the social contacts they needed for good health, but also offering a space and place to discuss their emotions, needs and desires. This construction allowed men to resist some public health messages (e.g. men should not drink over 21 units of alcohol in a week) while enacting others (e.g. ‘open up when you’re feeling down’: advice promoted by Breathing Space, a service which targets Scottish men experiencing low mood).

Hegemonic constructions of masculinity position men as the ‘stronger sex’ who do not need to seek help for medical problems, and demonstrate their dominance through substance (ab)use and physical and sexual risk taking. Questioning gender stereotypes and problematizing hegemonic masculinity may be a powerful way of addressing men’s increased risk of accidents, injuries, suicide, homicide and premature death from a variety of diseases.

The awareness that men in this study had about the variability of masculinity - through their comparisons of the 'macho' west of Scotland and continental Europe –thus offers potential, given that open discussions of what it means to be a man at a particular time in a particular society may help men resist the cultural pressures of hegemonic masculinity (Kilmartin 2005). Cultural change is often conceptualised as difficult to effect yet dramatic changes in smoking culture have resulted from national smoke-free legislation (Pell & Haw, 2009). Pressure groups in Scotland have used this example to argue that drinking cultures can also be changed (Scottish Health Action on Alcohol Problems, 2009). Future qualitative work could focus on men who drink within recommended limits (and the strategies they use to achieve this) to inform interventions to weaken the link between 'masculinity' and heavy drinking in Scotland and elsewhere.

Given the perception of drinking together as 'an act of friendship', our findings also suggest the possibility of developing and testing group interventions to address heavy drinking among men, focusing on male 'bonding' and building on the idea that 'mates look after each other'. There are precedents in other areas which suggest that men may be open to such strategies. Successful group intervention programmes for men with cancer found participants experienced camaraderie and used humour to support each other (Adamsen, Rasmussen, & Pedersen, 2001) and discussion with male peers helped to normalize and validate illness experiences (Lepore, Helgeson, Eton, & Schulz, 2003). Similarly, a weight management and healthy living programme for men delivered through professional football clubs found that taking part in a group intervention where all the men were 'in the same boat' was central to its appeal (Gray et al., 2011). These initiatives challenge assumptions that men are not interested in their health and demonstrate that, when presented in a gender sensitive way, many men will respond positively to interventions (Smith & Robertson, 2008; Sternberg & Hubley, 2004).

However, attempts to involve men in health promotion need to be careful to avoid using masculine stereotypes which emphasise the perception that men do not care about their health and risk alienating men who do not identify with such images (Smith & Robertson, 2008).

Our study has some limitations. First, we did not recruit any men who self-identified as gay or bisexual, which may have limited our understanding of alcohol as a resource for 'doing' gender. Secondly, although we chose to conduct focus group discussions with people who knew each other to draw on the social context in which drinking takes place, the group may have made it more difficult for men to articulate non-hegemonic accounts (de Visser, Smith, & McDonnell, 2009). Thirdly, like other qualitative studies, our respondents were self-selected. It could be argued that our sample was biased toward heavier drinkers, as most men reported drinking over the recommended weekly limit of 21 units. Although we advertised for people who drank 'regularly', it could be that heavier drinkers were more likely to define themselves in this way. Finally, it is difficult to assess the impact that being in a single-sex focus group compared to a mixed-sex group may have had on men's accounts. We systematically searched for differences between accounts presented by men in the two contexts and did not find any clear variation in the themes which emerged; for example, men in both single and mixed sex groups were equally forthcoming in discussing non-hegemonic drinking practices. However, there were more overt displays of banter between men in all-male groups, perhaps because humour plays a particularly important role in consolidating male peer groups (Kehily & Nayak, 1997). The presence of women in the mixed sex groups may therefore have reduced the pressure on men to perform particular masculine identities enacted through the use of jokes and (homophobic) insults.

A central issue in health psychology is to identify more effective ways to promote healthier lifestyles. Studies such as this one provide insight and understanding into the fluidity of gender identity and show how constructing drinking as an ‘act of friendship’ can lead to both health damaging (excessive drinking) and potentially health promoting (sharing of emotions and the provision of social support) behaviours. The meanings surrounding specific drinking practices are perhaps inevitably (though variably) gendered, and health promotion efforts need to be sensitive to cultural constructions of gender. Gaining further insight into associations between drinking practices and hegemonic and alternative masculinities will help health psychologists in facilitating lifestyle change.

Acknowledgements: We would like to thank our colleagues Catherine Ferrell, Elaine Hindle, Kate Campbell, Nicola Smart, Julie Watson and Janice Reid for help in recruiting people for the study. Thanks also to Sally Macintyre for helpful comments and to the editors and reviewers for very useful constructive criticism. We are very grateful to all the respondents for talking freely about their drinking. The study was funded by the UK Medical Research Council (5TK50), as were Kate Hunt and Carol Emslie when these data were collected and the paper was written.

Table 1 Description of discussion groups and respondents

Group (deprivation category ² , age range)	Mixed or single sex (number)	Alcohol in last week	N. 'hazardous' & 'harmful' ³
1. Council workers (intermediate, 44-49 yrs)	Mixed (2 m & 2w)	9-15 units	1 'hazardous' (w)
2. Male pub friends (mixed, 44-50 yrs)	Men (n=4)	49-90 units	2 'hazardous' (m) 2 'harmful' (m)
3. Lecturers (mixed, 34-49 yrs)	Mixed (2 m & 2w)	21-33 units	4 'hazardous' (2m & 2w)
5. Sales workers (mixed, 40-50 yrs)	Mixed (1 m & 4w)	9-36 units	3 'hazardous' (1m & 2w) 1 'harmful' (1w)
6. Community group (deprived, 41-mid 50s? ⁴)	Mixed (4 m & 3w)	0-92 units	0 'hazardous' 1 'harmful' (m)
10. Heterosexual couples (affluent & intermediate, 32-35 yrs)	Mixed (2 m & 2w)	14-28 units	2 'hazardous' (1m & 1w)
11. Trio (male best friends & girlfriend) (mixed, 31-33 yrs)	Mixed (2 m & 1 w)	25-65 units	1 'hazardous' (m) 2 'harmful' (1m & 1w)
13. Unemployed male friends (affluent & intermediate, 28-31 yrs)	Men (n=2)	29-38 units	2 'hazardous' (m)
14. Male schoolfriends (deprived, 30-32 yrs)	Men (n=3)	27-48 units	3 'hazardous' (m)

Groups 4, 8, 9, 12 and 15 of the DrAM study were all-female groups and group 7 consisted of non-drinkers. These groups were not included in the analysis for this paper.

² Carstairs scores calculated for residential postcodes: Affluent = DEPCAT 1 & 2, Intermediate = DEPCAT 3-5, Deprived = DEPCAT 6 & 7, Mixed = respondents from each of these three categories present in one group

³ 'Hazardous' drinking: 22-50 units for men in a week, 15-35 units for women in a week. 'Harmful' drinking: >50 units for men in a week, >35 units for women in a week

⁴ Two of the respondents in FG6 left the age section of their face sheet blank.

REFERENCES

- Adamsen, L., Rasmussen, J. M., & Pedersen, L. S. (2001). 'Brothers in arms': how men with cancer experience a sense of comradeship through group intervention which combines physical activity with information relay. *Journal of Clinical Nursing*, 10, 528-537. doi: 10.1046/j.1365-2702.2001.00514.x
- Berridge, V., Thom, B., & Herring, R. (2007). The normalisation of binge drinking? An historical and cross cultural investigation with implications for action *Alcohol insight* 49. London: Alcohol Education and Research Council.
- Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. London: Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101. doi: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa)
- Burr, V. (2003). *Social constructionism*. London: Routledge.
- Carstairs, V. and Morris, R. (1991) *Deprivation and Health in Scotland*, Aberdeen: Aberdeen University Press.
- Campbell, H. (2000). The Glass Phallus: Pub(lic) Masculinity and Drinking in Rural New Zealand. *Rural Sociology*, 65(4), 562-581. doi: 10.1111/j.1549-0831.2000.tb00044.x
- Chamberlain, K., & Murray, M. (2008). Health psychology. In C. Willig & W. Stainton Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 390-406). London: Sage.
- Connell, R. W. (1995). *Masculinities*. Cambridge: Polity Press.
- Connell, R. W. (1996). New directions in gender theory, masculinity research, and gender politics. *Ethnos*, 61(3-4), 157-176. doi: 10.1080/00141844.1996.9981534
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity. Rethinking the concept. *Gender & Society*, 19(6), 829-859. doi: 10.1177/0891243205278639
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science and Medicine*, 50(10), 1385-1401. doi: 10.1016/S0277-9536(99)00390-1
- de Visser, R. O., & Smith, J. A. (2007). Alcohol consumption and masculine identity among young men. *Psychology and health*, 22(5), 595-614. doi: 10.1080/14768320600941772
- de Visser, R. O., Smith, J. A., & McDonnell, E. J. (2009). 'That's not masculine'. Masculine capital and health-related behaviour. *Journal of Health Psychology*, 14(7), 1047-1058. doi: 10.1177/1359105309342299
- Department of Health. (2007). Safe. Sensible. Social. The next steps in the National Alcohol Strategy. . London: Home office.
- Emslie, C., Hunt, K., & Lyons, A. (in press). Older and wiser? Men's and women's accounts of drinking in early mid-life. *Sociology of Health & Illness*. doi: 10.1111/j.1467-9566.2011.01424.x
- Emslie, C., Lewars, H., Batty, G. D., & Hunt, K. (2009). Are there gender differences in levels of heavy, binge and problem drinking? Evidence from three generations in the west of Scotland *Public Health*, 123, 12-14. doi: 10.1016/j.puhe.2008.06.001
- Emslie, C., & Mitchell, R. (2009). Are there gender differences in the geography of alcohol-related mortality in Scotland? An ecological study. *BMC Public Health*, 9(58). doi: 10.1186/1471-2458-9-58
- Forsyth, A., Galloway, J., & Shewan, D. (2007). Young People's Street Drinking Behaviour: Investigating the Influence of Marketing & Subculture *Alcohol Insight* 44. London: Alcohol Education and Research Council
- Gergen, K. (1999). *An invitation to social constructionism*. London, England: Sage.

- Gough, B., & Edwards, G. (1998). The beer talking: four lads, a carry out and the reproduction of masculinities. *The Sociological Review*, 46(3), 409-455. doi: 10.1111/1467-954X.00125
- Gray, C. M., Hunt, K., Mutrie, N., Anderson, A. S., Treweek, S., & Wyke, S. (2011). Can the draw of professional football clubs help promote weight loss in overweight and obese men? A feasibility study of the Football Fans in Training programme delivered through the Scottish Premier League. *Journal of Epidemiology and Community Health*, 65(Suppl 2), A37-A38. doi: 10.1136/jech.2011.143586.84
- Harnett, R., Thom, B., Herring, R., & Kelly, M. (2000). Alcohol in transition: Toward a model of young men's drinking styles. *Journal of Youth Studies*, 3(1), 61-77. doi: 10.1080/136762600113040
- Hastings, G. (2010). "They'll drink bucket loads of the stuff". An analysis of internal alcohol industry advertising documents. Stirling: Institute for Social Marketing, University of Stirling and the Open University.
- James, N. (1989). Emotional labour: skill and work in the social regulation of feelings. *Sociological Review*, 37(1), 15-42. doi: 10.1111/j.1467-954X.1989.tb00019.x
- Kehily, M. J., & Nayak, A. (1997). 'Lads and Laughter': humour and the production of heterosexual hierarchies. *Gender and Education*, 9(1), 69-87. doi:10.1080/09540259721466
- Kilmartin, C. (2005). Depression in men: communication, diagnosis and therapy. *Journal of Men's Health and Gender*, 2(1), 95-99. doi:10.1016/j.jmhg.2004.10.010
- Kitzinger, J. (1994). The methodology of focus groups: the importance of interaction between research participants. *Sociology of Health & Illness*, 16(1), 103-121. doi: 10.1111/1467-9566.ep11347023
- Lemle, R., & Mishkind, M. E. (1989). Alcohol and masculinity. *Journal of Substance Abuse Treatment*, 6(4), 213-222. doi: 10.1016/0740-5472(89)90045-7
- Lepore, S. J., Helgeson, V. S., Eton, D. T., & Schulz, R. (2003). Improving quality of life in men with prostate cancer: A randomized controlled trial of group education interventions. *Health Psychology*, 22(5), 443-452. doi: 10.1037/0278-6133.22.5.443
- Lyons, A. C. (2009). Masculinities, femininities, behaviour and health. *Social & Personality Psychology Compass*, 3/4, 394-412. doi: 10.1111/j.1751-9004.2009.00192.x
- Lyons, A. C., & Willott, S. A. (2008). Alcohol consumption, gender identities and women's changing social positions. *Sex Roles*, 59(9-10), 694-712. doi: 10.1007/s11199-008-9475-6
- McCartney G, Mahmood L, Leyland A, Batty GD, Hunt K (2011) Contribution to smoking- and alcohol-related deaths to the gender gap in mortality: evidence from 30 European countries. *Tobacco Control*, 20: 166-168. doi: 10.1136/tc.2010.037929
- Martinic, M., & Measham, F. (2008). Extreme drinking. In M. Martinic & F. Measham (Eds.), *Swimming with crocodiles. The culture of extreme drinking* (pp. 1-12). New York: Routledge.
- Measham, F., & Brain, K. (2005). 'Binge' drinking, British alcohol policy and the new culture of intoxication. *Crime Media Culture*, 1(3), 262-283. doi: 10.1177/1741659005057641
- Mullen, K., Watson, J., Swift, J., & Black, D. (2007). Young men, masculinity and alcohol. *Drugs: education, prevention and policy*, 14(2), 151-165. doi: 10.1080/09687630600997816
- Oliffe, J., & Thorne, S. (2007). Men, masculinities, and prostate cancer: Australian and Canadian patient perspectives of communication with male physicians. *Qualitative Health Research*, 17(2), 149-161. doi: 10.1177/1049732306297695

- ONS. (2011a). Smoking and drinking among adults, 2009. A report on the 2009 General Lifestyle Survey. Cardiff.
- ONS. (2011b). Alcohol-related death rates in the United Kingdom, 2009. Cardiff.
- Paechter, C. (2003). Masculinities and femininities as communities of practice. *Women's Studies International Forum*, 26(1), 69-77. doi: 10.1016/S0277-5395(02)00356-4
- Pell, J. P., & Haw, S. (2009). The triumph of national smoke-free legislation. *Heart*, 95(17), 1377-1379. doi: 10.1136/hrt.2009.176230
- Peralta, R. L. (2007). College alcohol use and the embodiment of hegemonic masculinity among European American men. *Sex Roles*, 56(11/12), 741-756. doi: 10.1007/s11199-007-9233-1
- Peralta, R. L. (2008). "Alcohol allows you to not be yourself". Towards a structured understanding of alcohol use and gender difference among gay, lesbian, and heterosexual youth *Journal of Drug Issues*, 38(2), 373-399.
- Rehn, N., Room, R., & Edwards, G. (2001). Alcohol in the European Region - consumption, harm and policies: World Health Organization Regional Office for Europe.
- Richards, H., & Emslie, C. (2000). The 'doctor' or the 'girl from the University'? Considering the influence of professional roles on qualitative interviewing. *Family Practice*, 17(1), 71-75. doi: 10.1093/fampra/17.1.71
- Robertson, S. (2007). *Understanding men and health. Masculinities, identity and well-being*. Maidenhead: Open University Press.
- Royal College of Physicians. (1987). The medical consequences of alcohol abuse, a great and growing evil: Tavistock Publications Ltd.
- Royal College of Psychiatrists. (2001). Alcohol - can the NHS afford it? London: Royal College of Physicians.
- Schippers, M. (2007). Recovering the feminine other: masculinity, femininity, and gender hegemony. *Theory and Society*, 36, 85-102. doi: 10.1007/s11186-007-9022-4
- Scottish Health Action on Alcohol Problems. (2009). Change. "Scots have always had a problem with alcohol - it's the culture". Edinburgh. Retrieved from <http://www.shaap.org.uk/UserFiles/File/Reports%20and%20Briefings/Changebooklet.pdf>
- Smith, J. A., & Robertson, S. (2008). Men's health promotion: a new frontier in Australia and the UK? *Health Promotion International*, 23(3), 283-289. doi: 10.1093/heapro/dan019
- Sternberg, P., & Hubley, J. (2004). Evaluating men's involvement as a strategy in sexual and reproductive health promotion. *Health Promotion International*, 19(3), 389-396. doi: 10.1093/heapro/dah312
- Szmigin, I., Griffin, C., Mistral, W., Bengry-Howell, A., Weale, L., & Hackley, C. (2008). Re-framing 'binge drinking' as calculated hedonism: Empirical evidence from the UK. *International Journal of Drug Policy*, 19(5), 359-366. doi: 10.1016/j.drugpo.2007.08.009
- Tilki, M. (2006). The social contexts of drinking among Irish men in London. *Drugs-Education Prevention and Policy*, 13(3), 247-261. doi: 10.1080/09687630600577964
- Way, N. (2011). *Deep Secrets. Boys' friendships and the crisis of connection*. Harvard University Press: Cambridge, Massachusetts and London, England.
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender and Society*, 1(2), 125-151. doi: 10.1177/0891243287001002002
- Willott, S., & Lyons, A. C. (in press). Consuming Male Identities: Masculinities, Gender Relations and Alcohol Consumption in Aotearoa New Zealand. *Journal of Community & Applied Social Psychology*. doi: 10.1002/casp.1115
- Wilsnack, R. W., Vogeltanz, N. D., Wilsnack, S. C., & Harris, T. R. (2000). Gender differences in alcohol consumption and adverse drinking consequences: cross-cultural patterns. *Addiction*, 95(2), 251-265. doi: 10.1046/j.1360-0443.2000.95225112.x